72 hours after death. After this director, the third copy of this

the registrar within in by the funeral

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

ATTENDING PHYSICIAN HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1031 CERTIFICATE OF DEATH

01007

Macon Pr. Anne,

1. PLACE OF DEATH			2. USUAL RESID	ENCE (HOME) OF D	ECEASED	
COUNTY Somerset	MAE	RYLAND	STATE Md.	COUNTY	Somerse	t
CITY (If outside corporate limits, write RUR OR and give nearest town)		H OF STAY	CITY (If outside cos	porate timits, writa RURAL e	nd give neerest town)
Princess Anne	\	ms piecej		ncess Anne		Y
HOSPITAL OR			STREET		ve location)	
INSTITUTION OR STREET ADDRESS			ADDRESS			
3. NAME OF (First)	(Middle)		(Lest)	4. DATE (Mo	nth) (Day)	(Year)
(Type or Print) George	H.	Ald	er	OF DEATH	Tom 9	6 56
5. SEX 6. COLOR OR 7.	SINGLE, MARRIED,	8. DATE		9. AGE lest birthday	Jan 2	6 19 56 TIF UNDER 24 H
RACE	widowed, Divorced,	Mary C	TOOC		Months Deys	Hours Mi
male White d	10b. KIND OF BUS		, 1906 11. BIRTHPLACE (State or fo	49 yrs.		EN OF WHAT
done during most of working life evan If	OR INDUSTRY	1		roigh country)	COU	VTRY?
retired Farming	farmin	g	Tennessee		U.S.	A.
3. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		
Fohn H. Alder			Maude	M. Garrett		
15. WAS DECEASED EVER IN U. S. ARMED FO		SECURITY NO.	17. INFORMANT 8	ADDRESS		
(Yas, no, or unk.) (If Yes, give wer or datas of	service)		Mr Roy A	lder Pri	ncess ar	wa Md
	18.	MEDICAL CE	RTIFICATION	Tues TFI	INT	ERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADI	ING TO DEATH	A N. 1	Thank !		ON	SET AND DEATH
IMMEDIATE CAUSE (A	, co co	nary	rough	sis_		4 hrs.
ANTECEDENT CAUSE(S) DUE	TO	0				
DISEASES OR CONDITIONS, IF ANY, (B)						
STATING UNDERLYING CAUSE LAST. DUE	TO					
(C) OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING //		/ 0			
TO THE DEATH BUT NOT RELATED TO THE	10,00	desall	alan			41.
DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 19b. MA	JOR FINDINGS OF OPERA	- 0 - 0 -	00 0			ANTODEYA
Da. Dale of Granding	ON THUMBS OF OTER	(IION			YES	O. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 216	D. PLACE (Home, farm, fe	ectory,	21c. WHERE DID INJURY OCC	UR? (City or town)	(County)	(Stata)
OR CONTRIBUTING [] CAUSE OF DEATH OF	INJURY street, office bldg.	., atc.)	no	ne		,
21d. TIME OF INJURY (Month) (Day) (Yaar			211. HOW DID INJURY OCC	UR?		
	M. While	Not while at work				
22. I hereby certify that I attend	ed the deceased from	- Drau	1955 to J	en 36, 1956	45-4-1-1-4	.1 1
			. U 200		, mar i last sa	w the deceas
SIGNATURE	, and that de	ath occurred a	at 4 30 P.M. from the	causes and on the operation of the opera	date stated above	e. Date sign
D. Travk (6)	annit	2	2/2001/		1000	DATE SIGN
23. BURIAL, CREMATION, DATE THE	FRECE I NAME	OF CEMETERY OF	COEMATORY	Wen or	Muces	Man C
REMOVAL (SPECIFY)				LOCATION (City, tow		(State)
burial IV28		nokin P	resbyterian		ncess n	ne, Md
24. REC'D BY REGISTRAR REGISTRA	R'S SIGNATURE	-	25. FUNERAL DIRECTOR	S SIGNATURE	ADDRES	
1/28/(/- 1/)	111 1	- 11	1 11010 -	19/1/1/	ne Pr. An	20.0

MARYLAND STATE DEPARTMENT OF HEALTH PARTIMON, 15

10:10

CERTIFICATE OF DEATH

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	33-19-1	5040			cabia R	THE L
		YOU STATE				
	75					
BEAU V. S.			estado vada men		an Alleren et	45-11-22
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			75.5			

ATTENDING PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 1032

01008 Reg. Dist. No. 260

	2. USUAL RESIDEN	CE (HOME) OF D	ECEASE	D		
COUNTY SOMerset MARYLAND	STATE Maryl	and county	Some	Eset		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give nearest town) (in this place)	CITY (If outside corpor	ete fimits, write RURAL e	nd give nee	erest town)		
X TOWN Princess Anne 16 yrs.	matical	ess Anne,	Md.			V
HOSPITAL OR INSTITUTION OR	STREET		ve location)			1
STREET ADDRESS	ADDRESS	ch Ave				,
3. NAME OF (First) (Middle)	(Lest)	4. DATE (Mor	nth)	(Dey)	(Yee	ir)
(Type or Print) Thomas Henry Britt	ingham	DEATH J 8	nuar	v 23	19	56
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE (P. AGE lest birthday	#F UNDER		IF UNDER	
male white wisher Wisher Feb.	23,1862	93 yrs.	Months	Days	Hours	M
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (Stele or foraig		1 13	CITIZE	N OF WH.	AT
dona during most of working life, even if OR INDUSTRY retired) H'armer	Maryland			COUN	TRY?	
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN N	JAME		0 10		
William Brittingham		e Richard	C			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & A					
(Yes, no, or unk.) (If Yes, give wer or dates of service)		rittingha	m Dm	÷ 10 0 0	A	30.5
no none		TTOOTHERIO	11119 - 1		RVAL BETV	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	40.				110 .	0
STATING UNDERLYING CAUSE LAST. DUE TO (C)	٨	00 100	LP(yee	2_
STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	iphy +==	3-521-	19-56	7	ye	2
STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 196. MAJOS FINDINGS OF OPERATION	ighy +==	3-5-1-	19-56	20 YES	. AUTOPS	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOS FINDINGS OF OPERATION 197. MAJOS FINDINGS OF OPERATION 198. MAJOS FINDINGS OF OPERATION 199. MAJOS FINDINGS OPERATION	THE PM 1 21c. WHERE DID INJURY OCCUR	? (City or town)	19-50	YES		<u> </u>
STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISPASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAIOS FINDINGS OF OPERATION 19c. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, form, factory, or CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	216. HOW DID INJURY OCCUR	10.40.70	19-56 (Cour	YES	☐ NO	>
STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAIOS FINDINGS OF OPERATION 21e. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Monih) (Day) (Yeer) (Hour) 21d. TIME OF INJURY OCCURRED While Not while et work of work	21f. HOW DID INJURY OCCUR	18		YES	NO	
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CERTIFICATE OF DEATH

BUREAU V. S.

9561 98 NAL

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg.	Dist.	No
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corre	1933	FOR MEDICA	L EXAMINERS	Reg. D	ist. No
7. The	I. PLACE OF DEATH COUNTY Somerset	MARYLAND	STATE Marvla	(HOME) OF DECEASED	Set
Supply every item of information carefully. write the causes of death clearly and legibly.	CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	(in this place)	CITY (If outside corp OR TOWN Wend STREET ADDRESS	oorate limits, write RURAL ONS (If rural, give loca	×
nationarly a	3. NAME OF (First) DECEASED (Type or Print) John	(Middle)	(Last)	4. DATE (Monor OF DEATH	th) (Day) (Year)
inform th cle	6. COLOR OR RACE 7. SI. WII.	NGLE, MARRIED, DOWED, DIVORCED,	Narch 24. T89	9. AGE last birthday I	f under I year If under 24 hrs. Min.
of dea	10a. USUAL OCCUPATION (Give kind of work bring post of working life, even if retired) INDU INDU INDU	KIND OF BUSINESS OR	New Jersev	te or foreign country)	12. CITIZEN OF WHAT
ery it	JOSEPH Campbell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	G	Rosa Whea		
ly ev	(Yes, no, or unknown) (If yes, give war or dates of NO service)	SOCIAL SECURITY No.	Mrs. Gladys	Campbell W	enona. Md.
INK. Supp please write	I. DISEASES OR CONDITIONS DIRECTLY LEAD 241 X Immediate cause (a).		heart dies	· .	INTERVAL BETWEEN ONSET AND DEATE
UNFADING II	giving rise to the above cause	wiscleste while are	1	une	year.
UNFA	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	00		Called -	
ITH	19a. DATE OF OPERATION 19b. MAJOR FINDING				20. AUTOPSY? Yes No 1
Y. W.	PRIMARY OR CONTRIBUTING OF Office CAUSE OF DEATH.	ome, farm, factory, street, e bldg., etc.)			UNTY) (STATE)
INL	TIME (Month) (Day) (Year) (Hour) INJU OF While INJURY m.		HOW DID INJURY	OCCUR?	
WRITE PLAINLY, WITH U	22. I certify that I took charge of the remains de obtained by said Autopsy Anspection or Inquesion from: natural causes ☐, accident ☐, sui SIGNATURE	scribed above, held an liry, find that said dec cide [], homicide [] (Degree or title)	eased died on the day st undetermined	H, Inquiry of thereon ated above, and death in the court, M	n my opinion resulted
SE W	23. BURIAL, CREMATION DATE THEREOF	NAME OF CEMET	ERY OR CREMATORY	LOCATION (City, town,	
EAS	REMOVAL (Specify) I-I5-I956	St. John C	emetery	Deal Island	, Maryland

MARGIN RESERVED FOR BINDING

BUREAU V.

3261 71 NAL

RECEIVED

certificate be

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

CITY (If outside corporate limits, write RURAL and give nearest to OR OR PRINCESS ANNE HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED (First) (Middle) (Least) 4. DATE (Month) (Day OF DECEASED (Type or Print) (Type or Print) (DECEASED		CESS ANNE	CITY (If outside OR	LENGTH OF STAY		COUNTY
OR end give nearest town) TOWN PRINCESS ANNE HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED (If year or Print) S. SEX 6. COLOR OR RACE FEI ALE COLORED 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) COLLINS 11. BIRTHPLACE (State or foreign country) COLLINS 12. CR Months Day M	×	CESS ANNE	OR			CITY (III
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED (First) (Middle) (Last) 4. DATE (Month) OF DECEASED (Type or Print) NARY 5. SEX 6. COLOR OR RACE (Specify) (Spec	7	(If rural give location)	IOWN PRI		end give nearast town)	OR en
COLLINS OF 1/15/56 S. SEX 6. COLOR OR RACE WIDOWED DIVORCED. Specify) 10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, aven if refired) NIDWIFE. 13. FATHER'S NAME JOHN MORRIS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yas, giva wer or dates of servica) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS GOLDON HANDY PRINCESS AN IDSEASE OR CONDITIONS DIRECTLY LEADING TO DEATH	100				SPITAL OR TITUTION OR	HOSPITAL
FEI ALE RACE (Specify) WIDOWED Specify) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11a. BIRTHPLACE (State or foreign country) SOLERSET COUNTY MARYLAN) 13. FATHER'S NAME JOHN MORRIS 14. MOTHER'S MAIDEN NAME ANNIE COLLINS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yas, give wer or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS GOLDON HANDY PRINCESS AN	(Ye	OF T/T5/56			CEASED	DECEAS
dona during most of working life, aven if NIDWIFE SOLERSET COUNTY MARYLAND COLORS SOLERSET COUNTY MARYLAND COLORS II. MOTHER'S MAIDEN NAME JOHN MORRIS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yas, giva wer or dates of servica) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS GOLDON HANDY PRINCESS AN IDEASASES OR CONDITIONS DIRECTLY LEADING TO DEATH	IF UNDER	Months Days	F BIRTH	D. DIVORCED.	LE COLORED (Specify)	FEI ALE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yas, give wer or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS GOLDON HANDY PRINCESS AN 18. MEDICAL CERTIFICATION						
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION			1	16. SOCIAL SECURITY NO.		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	IE ID	ANDY PRINCESS ANNE	GOLDON		or unk.) (If Yas, give wer or dates of service)	(Yas, no, or unk
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)) किर्गी	NG Vinous 6	Compensat	Stacis	ANTECEDENT CAUSE(S) S OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE UNDERLYING CAUSE LAST. DUE TO	DISEASES OR
IX OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					R SIGNIFICANT CONDITIONS CONTRIBUTING HE DEATH BUT NOT RELATED TO THE	TO THE DEA
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOP	20 YES		NGS OF OPERATION	TE OF OPERATION 196. MAJOR FIN	19a. DATE OF
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY street, office bidg., atc.)	(Stat			reel, offica bldg., atc.)	TRIBUTING CAUSE OF DEATH OF INJURY	OR CONTRIBUTI
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURRED 21l. HOW DID INJURY OCCUR? While M. M. at work at work		JR?	211. HOW DID INJURY O	While Not while		21d. TIME OF I
			0435 100	deceased from Spot 2	hereby certify that attended the	22. I here
22. I hereby certify that attended the deceased from Sept 20, 1936, today 15, 1956, that I last	aw the de	4 15 , 1956 , that I last say			ive on day 14 1056	alive or
22. I hereby certify that attended the deceased from 201 20, 1936, torious 15, 1936, that I last alive on the causes and on the date stated absignature (Street, city, town, state)	aw the de ove. DATE S	causes and on the date stated above	7:394M, from t	and that death occurred at	IGNATURE O	SIGNA
alive on Taus 147, 1956, and that death occurred at 7:347M, from the causes and on the date stated ab	ve.	causes and on the date stated above	7.394M, from the A	/	GRATURE G. Mark	SIGNA

CERTIFICATE OF DEATH

11055-1956a.W

EUREAU V. S.

3881 93 NAL



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Somerset STATEMARYLAND COUNTY Somerset COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) OR TOWN Crisfield 30 years Crisfield HOSPITAL OR (If rural give location) STREET INSTITUTION OR ADDRESS 326 Pine St. 326 Pine St. STREET ADDRESS 3. NAME OF 4. DATE (Year) (First) (Middle) (Last) (Month) (Day) DECEASED: LAURA HOWETH DAUGHERTY 19 56 (Type or Print) DEATH: January 5. SEX: 6. COLOR OR 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. 7. SINGLE, MARRIED. 8. DATE OF BIRTH: WIDOWED, DIVORCED, RACE: Months Days Hours (Specify): Widowed Female White July 31, 1862 II. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR IOa. USUAL OCCUPATION. Give kind of COUNTRY? work done during most of working life, INDUSTRY: even if retired) Housewife At Home Western Shore of Virginia
14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Thomas Dodson unknown 15 WAS DECEASED EVER IN U.S.ARMED FORCES? | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: S. Somerset Ave. (Yes, no, or unk.) | (If Yes, give war or dates of No service) Charles W. Howeth-Crisfield, Md. None MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death Immediate cause DUE TO Antecedent causes (s) Diseases or conditions, if any, (b) (d

giving rise to the above cause DUE TO stating the underlying cause last.

(Specify)

11. OTHER SIGNIFICANT CONDITIONS

ACCIDENT

SUICIDE

(CITY OR TOWN)

HOW DID INJURY OCCUR?

Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ? Yes No (STATE) (COUNTY)

ADDRESS

HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY Work [22. I hereby certify that I attended the deceased from

At Work | At welcome 19 4 au, 17 1926, that I last saw the deceased to ... and that death occurred at 6:00 P.M., from the causes and on the date stated above.

ADDRESS

alive on SIGNATUR (Degree or title) NAME OF CEMETERY OR CREMATORY

PLACE (Home, farm, factory, street,

office bldg., etc.)

20-56 raison o LOCATION (City, town, or county) Crisfield, Md.

BURIAL CREMATION, REMOVAL (Specify) BURIAL SE Jan. 20,1956 Sunnyridge Cemetery V DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE PLE. REGISTRAR

Bradshaw & Sons-Crisfield, Md.

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death

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Physicians

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Supply write

BUREAU V. E.

LEB 3 1500

24 hours

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the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01013

1035

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Somerset MARYLAND	STATE Maryland COUNTY Somerset
THE STATE OF THE S	CITY (If outside corporate limits, write RURAL and give nearest town)
OR and give neerast town) (in this place)	OR .
	TOWN Crisfield
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
79 STREET ADDRESS McCready Hospital	Jacksonville Section
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Year)
(Type or Print) GREGORY WARREN DI	ZE DEATH January 13 1, 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	
Male White (Specify) Single Februa	ary 20, 1955 O yrs. Modifis Bays Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life even if OD INDUSTRY	COUNTRY?
refired) None None	Crisfield, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Donald Warren Dize	Virginia Lane Dize
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Rt.#1 Box 49 B
(Yes, no, or unk.) (If Yes, give war or dates of service) None	Donald W. Dize Crisfield, Md.
18. MEDICAL CE	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
571.0 IMMEDIATE CAUSE (A) / Keast /	Enteritei 3 days
ANTECEDENT CAUSE(S) DUE TO)	t-t-t
CIVING PICE TO THE AROVE CALISE	Colembai Odaya
STATING UNDERLYING CAUSE LAST. DUE TO	
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Homa, farm, factory, OF CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M. et work et work	
00 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	156 18 15
22. I nereby certify that I attended the deceased from	1956, to fame 13, 1956, that I last saw the decease
alive on 13, 19.5, and that death occurred a	t
SIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNE
G. M. Ban M.D.	cresheld, Ind. Jan 14, 193
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY COUNTY (State)
Burial Jan.15,1956 Sunnyridge 0	emetery Crisfield, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE /16/56 Barbara S. Relone	Bradehaw & Cone Criedial
DATE / 16/56 Tartara S. Aldons	Bradshaw & Sons-Crisfield, Md.

INSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician. ATTENDING PHYSICIAN C

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

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MARYLAND STATE DEPARTMENT OF BEALTH-BALLUMORE, 18_ ______ ILTER-SE

CERTIFICATE OF DEATH

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the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 265

STATE Somerset county Maryland
CITY (If outside corporate limits, write RURAL and give negrest town)
OR TOWN Crisfield
STREET (Il rurel give location)
ADDRESS Chesapeake Ave.
(Last) 4. DATE (Month) (Day) (Year)
NS DEATH January 14 19 56
OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 H
5, 1899 56 yrs. Months Deys Hours Min
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Crisfield, Maryland USA COUNTRY?
14. MOTHER'S MAIDEN NAME
Harriet Virginia Bozman
17. INFORMANT & ADDRESS
Sheriff Isaac Dorsey-Crisfield, Md.
ERTIFICATION INTERVAL BETWEEN
ONSET AND DEATH
y vestalase
Solos reis
sh/514* - 3.5
William H. Coulbourn, M. D
DEPUTY MEDICAL EXAMINED
FOR SOMERSET COUNTY, MIN. 20. AUTOPSY TES IN NO 10
FOR SOMERSET COUNTY, MD. 20. AUTOPSY YES NO COUNTY NO. (County) (State)
FOR SOMERSET COUNTY, MD. 20. AUTOPSY
FOR SOMERSET COUNTY, MD. 20. AUTOPSY YES NO NO (County) (State)
20. AUTOPSY YES NO 21c. WHERE DID INJURY OCCUR? (City or town) 21l. HOW DID INJURY OCCUR? (County) (State)
20. AUTOPSY YES NO 21c. WHERE DID INJURY OCCUR? (City or town) 21l. HOW DID INJURY OCCUR? (County) (State)
POR SOMERSET COUNTY, MD. 21c. WHERE DID INJURY OCCUR? (City or town) 21l. HOW DID INJURY OCCUR?
20. AUTOPSY YES NO 21c. WHERE DID INJURY OCCUR? (City or town) 21l. HOW DID INJURY OCCUR? (County) (State) 21l. How DID INJURY OCCUR? (State) Application of the date stated above. (State) DATE SIGNE
20. AUTOPSY YES NO 21c. WHERE DID INJURY OCCUR? (City or town) 21l. HOW DID INJURY OCCUR? (County) (State) That I last saw the decease of the county of the causes and on the date stated above.
20. AUTOPSY YES NO 21c. WHERE DID INJURY OCCUR? (City or town) 21l. HOW DID INJURY OCCUR? 21l. HOW DID INJURY OCCUR? ADDRESS (Street, city, town, state) DATE SIGNE CREMATORY LOCATION (City, town, or county) (State)
20. AUTOPSY YES NO 21c. WHERE DID INJURY OCCUR? (City or town) 21l. HOW DID INJURY OCCUR? (County) (State) 21l. How DID INJURY OCCUR? (State) ADDRESS (Street, city, town, state) DATE SIGNE

HARVIAND STATE DEPARTMENT OF PRACTICALLINGER TO CERTIFICATE OF DEATH .042 - 2212-23 Electric to the transfer of th W. UABRUT

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please write the causes of death clearly and legibly.

especially important. Physicians:

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correct age

MARYLAND STATE DEPARTMENT OF HEALTH.

TOP HEADTH—BADTIMORE, 18	OTOTO
e ^t OF DEATH Reg. Dist	No. 261-
2. USUAL RESIDENCE (HOME) OF DECEASE	D: ,
STATE M'ORGELAND COUNTY SO	merset
CITYIIf outside corporate limits, write RURAL a	nd give nearest town)
==::::: V7	tion x
STREET ADDRESS R (If rural give location)	7 1
(Last) 4. DATE (Month)	Day) (Year)
Gross DEATH Jan.	2 1956
OF BIRTH: 9. AGE last birthday IF UNDER IN Months D	Page Hours Min.
11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
14 MOTHER'S MAIDEN NAME?	3121
Gertrude Spencer	
John B. Handy (Father)
TION	INTERVAL BETWEEN
, ,	ONSET AND DEATH
I Kenerahan	F. Jen
	20075
- A Kyanten	Fair see
and the second	Jean
7	
N	20. AUTOPSY?
tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	(State)
2 21F. HOW DID INJURY OCCUR?	
	15
, 22, 195, to Lyk 29, 1955, that I last	saw the deceased
J. M, from the causes and on the date ADDRESS DAT	stated above.
.D. Crifult, Med	13/56
en crematory Location (City, town, or	ne - Mangle
24) FUNERAL DIRECTOR	ADDRESS
Leone Mr. Jelghouse -)	nousa de
	COF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASE STATE MORYLLAS COUNTY SOR CITY (If outside corporate limits, write RURAL a OR TOWN Marion STREET (If rural give location) ADDRESS (If gural give location) OF BIRTH: 9. AGE last birthay If UNDER 1.7 Months D 11. BIRTHPLACE (State or foreign country): 12. 14. MOTHER'S MAIDEN NAME SOME B. Handy (7) 17. INFORMANT & ADDRESS JOHN B. Handy (7) 18. How DID INJURY OCCUR? 19. 19. 10. to full 22. 19.53, that I last 3. 22 M, from the causes and on the date ADDRESS D. CREMATORY LOCATION (City, town, or Lery OR CREMATORY LOCATIO

A15-10-53 VS.

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Physicians:

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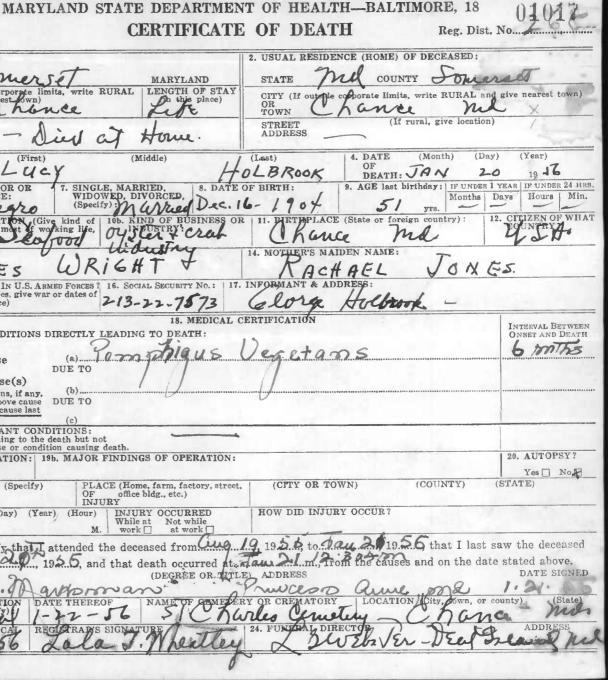
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SIGNATURE

MARYLAND STATE DEPARTMENT	T OF HEALTH-	BALTIMORE, 18	01016
1038 CERTIFICATE	E OF DEAT	H Reg. Dist	. No. 260
I. PLACE OF DEATH:	2. USUAL RESIDEN	ICE (HOME) OF DECEASE	D:
COUNTY SOMERSET CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN PRINCESS ANNE MD. HOSPITAL OR INSTITUTION OR STREET ADDRESS	STATEMARYI. CITY(If outside colors on TOWN PRINCE STREET ADDRESS	AND COUNTS MERS rporate limits, write RURAL a ESS ANNE MD. (If rural give location)	and give nearest town)
	(Last)		Day) (Year)
DECEASED: (Type or Print) CELESTE M. H	HAYMAN	OF DEATH: 1/9/56	5 19
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED 2/4/18	30-4	AGE last birthday IF UNDER 1 Y Months D	PEAR IF UNDER 24 HRS. Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETARIED SCHOOL TEACHER			CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIL	DEN NAME:	IR.
EDWARD WATERS	MARTHA TI	LGHMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no, or unk.) (If Yes, give war or dates of service)	WILLIAM H.H.		ANNE.MD.
IS. MEDICAL CERTIFICATION IN THE STATE OF TH		tans	INTERVAL BETWEEN ONSET AND DEATH
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	•		20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?		ty) (State)
OF INJURY OF INJURY OF INJURY OCCURRED While Not while at work at work		4	
22. I hereby certify that I attended the deceased from 20, alive on 3000, 1956, and that death occurred at SIGNATURE		causes and on the date	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	. D. POWORS P ERY OR CREMATORY CEMETERY	LOCATION (Sity, town, or FAIRMOUNT, MARYLA	

ADDRESS





BUREAU V. S.

-	MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18	01018
		E OF DEATH Reg. Dist.	No. 265
the causes of death clearly and legiony.	I. PLACE OF DEATH: COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest torn) TOWN HOSPITAL OR (In this place) 3. NAME OF DECEASED: (First) (Type or Print) 5. SEX: 6. COLOR OR RACE: WILDOWED, BYORGED, (Specify): WAYNED FED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 13. FATHER'S NAME: Educate Town or unk) (If yes give war dates of the sour dates of the source dates of th	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE May of COUNTY forces CITY (If outside corporate limits, write RURAL an OR TOWN EWELL STREET (If rural, give location ADDRESS 4. DATE (Month) (Da OF BIRTH: JOHN-198 Months) OF BIRTH: 9. AGE last birthday: IF UNDER Months R 11. BIRTHPLACE (State or foreign country): USA I4. MOTHER'S MAIDEN NAME: Heser Anne Mes.	d give nearest town) y) (Year) 1956
write	no service) NO	awes Jones, Ewell, Certification	rid (son)
especially important. Physicians: please	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) DUE TO	edema combensation	INTERVAL BETWEEN ONSET AND DEATH
hysicia	Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) Hypertension	enlarged heart	10 yrs
tant.	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:		1 20. AUTOPSY?
impor	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)	t, (CITY OR TOWN) (COUNTY)	Yes Now Now
pecially	HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY M. Work at work	HOW DID INJURY OCCUR?	
age is est	22. I hereby certify that I attended the deceased from	ADDRESS ADDRESS	te stated above. DATE SIGNED

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1041

information carefully.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

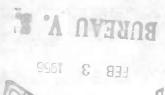
MARGIN RESERVED FOR BINDING

VS. A15

CERTIFICATE OF DEATH

eg. Dist. No. 265

S 3.742 CERTIFICATE	A OF DIALIT
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Somerset MARYLAND	STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Crisfield LENGTH OF STAY (in this place) One Week	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
HOSPITAL OR INSTITUTION OR ACCREACY HOSPITAL	STREET (If rural give location) ADDRESS 323 Pine St.
	(Last) 4. DATE (Month) (Day) (Year) OF JEATH: January 18 19 56
RACE: WIDOWED DIVORCED	9. AGE last birthday If UNDER 1 YEAR If UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor 10B. KIND OF BUSINESS OR INDUSTRY: For Himself	Pocomoke City, Maryland USA USA USA
13. FATHER'S NAME: Francis U. Jones	14. MOTHER'S MAIDEN NAME: Ella Powell
(Yes, no, or unk.) (If Yes, give war or dates of service) (16. Social Security No.	Mrs. Frank U. Jones- Crisfield, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HANK IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) JULE TO (C) JULE TO TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	il. of heart - Uremia Iwk. this & Rephritis years. Asteriosclesosis years.
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	
alive on 1956, and that death occurred at SIGNATURE	1. 1956, to Jan 18, 1956, that I last saw the deceased 8.66 AM, from the causes and on the date stated above. ADDRESS DATE SIGNED 1-70-56 ERY OR CREMATORY LOCATION (City, town, or county) (State) Cemetery Crisfield, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR - 70 - 56 Hollie D. Payne	24. FUNERAL DIRECTOR ADDRESS Bradshaw & Sons—Crisfield, Md.





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1042

information carefully. The

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OR WRITE PLAINLY, WITH UNFADING INK.

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1042 CERTIFICAT	E OF DEATH Reg. Dis	st. No. 99
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEAS	ED:
COUNTYSOMERSET MARYLAND	STATE ARVIAND COUNTYSOME	RSET
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	Y CITY(If outside corporate limits, write RURAL	
V TOWNWISTOVER DO	TOWN WESTOVER MD.	V
	STREET (If rural give location	
HOSPITAL OR INSTITUTION OR	ADDRESS (Il rural give location	4)
STREET ADDRESS	RT	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) ELTZABETE KI	NG OF DEATH: 1/3/56	19
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	E OF BIRTH: 9. AGE last birthday IF UNDER	
PEMALE COLORED WIDOWED, DIVORCED, (Specify) ARRIED ?	60 yrs. Months	Days Hours Min.
DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	68 yrs. T1. BIRTHPLACE (State or foreign country): 12	CITIZEN OF WHAT
work done during most of working life. OR INDUSTRY:	To the same of the	COUNTRY
even if retired): domastic HOUSE WIFE 13. FATHER'S NAME:	DOI MILITARIZE OF OTTO TO THE OTTO THE	AB
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
JAMES JONES	LERAH STEWART	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY ND.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	JESSIE KING WESTOVER MD.I	Dm T
18. MEDICAL CERTIFICA		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
593X		3
IMMEDIATE CAUSE (A)	nia	1 week
ANTECEDENT CAUSE (S)	*	
DISEASES OR CONDITIONS, IF ANY, (B)	illa	2 mona
GIVING RISE TO THE ABOVE CAUSE DUE TO	M	
STATING UNDERLYING CAUSE LAST.	ac Allowhensolin	3 week
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	000000	1 0 0-3
TO THE DEATH BUT NOT RELATED TO THE	2.1701	
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	JN .	20. AUTOPSY?
o none,		YES NO D
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of Contributing Cause of Death Of Injury street, office bldg. (If Either, NOTIFY MEDICAL EXAMINER)	tetory, 21c. WHERE DID (City or town) (Court, etc. INJURY OCCUR?	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?	
OF INJURY While at work at work] -uone	
	21 1055 1000 2 1057 11 171	
22. I hereby certify that I attended the deceased from		
	t 10:30 M, from the causes and on the date	
SIGNATURE		ATE SIGNED
	M. D. 20 Min Ce Wylliams.	Jen 5, 1956
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town,	or county) (State)
Dunal 1/8/200 peou 00	All Com, me	0
DATE REC'D BY LOGAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTO	ADDRESS

VS. A15 — 10 - 53

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CERTIFICATE OF DEATH

1. PLACE C	OF DEATH		and the second			1 2 111	ELIAL DES	RIDENC	E (HOME)		eg. Dis		
	Somerset						ATE Mary				~	nerse	
COUNTY CITY (If or			AL	LENGTH OF	FSTAY				e limits, write	OUNTY RURAL O			
OR end	give nearest town)	risfie	ld	3 Wee	eks	TO	WN C	risf	ield				×
HOSPITAL CINSTITUTION STREET ADD	N OR	Cread	dy Hospit	tal		ST	DRESS L	awso	nia Se	-	e location)	
3. NAME OI DECEASI (Type or Prin	ED	RICE	LEF	Aiddle) E	L	(Last) AWSON			4. DAT	-	anuai	(Dey)	(Yeer) 1 56
5. SEX	6. COLOR OR	7.	SINGLE, MARRIED WIDOWED, DIVO	O,	B. DATE	OF BIRTH		9.	AGE lest bir	thdey	IF UND	R 1 YEAR	IF UNDER 24 HR
Female	White		(Specify) Mari	ried	July	13, 1	912		43	yrs.	Months	Deys	Hours Min.
retired) As	CUPATION (Give kin) most of working life sembly	d of work e, even il	OR II	of Busines: INDUSTRY ry Mfg.	5		field,		country)			USA	N OF WHAT
3. FATHER'S N			15			14. A	AOTHER'S MA					10.7	
	Jame	90	Cam - man										
			Somers						Lewis		T) 4	7 17	007
(Yes, no, or unk.)	ASED EVER IN U. S.	ARMED FO	RCES? 16. service) 2]	sogal sect 18-20-6	6025		rbert	NT & ADI	DRESS	Jr.		INTE	x 293 Ld, Md.
I DISEASES OR	ASED EVER IN U. S. (If Yes, give wer CONDITIONS DIRECT MMEDIATE CAUSE (TECEDENT CAUSE(S)	ARMED FO. or dates of CTLY LEADIN	RCES? 16. service) 23 NG TO DEATH	18-20-6	6025	He	rbert	NT & ADI	DRESS	Jr.		Lsfie.	Ld, Md.
I DISEASES OR STATING UNDER TO THE DEATI	CONDITIONS DIRECT MMEDIATE CAUSE STECEDENT CAUSE(S) CONDITIONS, IF AND THE ABOVE CAUSE RELYING CAUSE LA FICANT CONDITIONS H BUT NOT RELATED	ARMED FO or dates of CTLY LEADIN (A) DUE NY, (B) USE DUE ST. (C) CONTRIBU	RCES? 16. service) 23 NG TO DEATH (art) TO	18-20-6	6025	He	rbert	NT & ADI	DRESS	Jr.		Lsfie.	Ld, Md.
I DISEASES OR STATING UNDER TO THE DEATI	ASED EVER IN U. S. (If Yes, give wer CONDITIONS DIRECT MMEDIATE CAUSE RECEDENT CAUSE(S) CONDITIONS, IF AN OTHE ABOVE CAU RIVING CAUSE LA FICANT CONDITIONS H BUT NOT RELATED CONDITION CAUSING DEFRATION	ARMED FO or dates of CTLY LEADIN (A) DUE NY, (B) USE USE DUE 1 (C) CONTRIBU	RCES? 16. service) 23 NG TO DEATH (art) TO	18-20-6 18. MEI	6025 DICAL CE	He	7. INFORMAL POPULATION	NT & ADI	press awson,	Jr.		Interiors	Ld, Md. RYAL BETWEEN SET AND DEATH D. AUTOPSY?
I DISEASES OR AN DISEASES OR C GIVING RISE TO STATING UNDER TO THE DEATI DISEASE OR C 190. DATE OF C 210. ACCIDENT	CONDITIONS DIRECT MMEDIATE CAUSE ITECEDENT CAUSE(S) CONDITIONS, IF AND THE ABOVE CAUSE LIVING CAUSE LA FICANT CONDITIONS H BUT NOT RELATED CONDITION CAUSING OPERATION WAS UNDERLYING IS IT CAUSE OF DEA	ARMED FO OF dates of OF dates	RCES? 16. service) 23 NG TO DEATH TO TO	18-29-6 18. MEL	6025 DICAL CE	He RTIFICAT	7. INFORMAL rbert FION	I. L.	press awson,	04	Cr:	Interiors	Ld, Md. RYAL BETWEEN SET AND DEATH
I DISEASES OR CONTRIBUTION OR CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OR CONTRIBUTION OF	CONDITIONS DIRECT CAUSE STEEDENT CAUSE STEEDENT CAUSE STEEDENT CAUSE CONDITIONS, IF AND THE ABOVE CAURLYING CAUSE LA REVING CAUSE LA REVING CAUSE LA CONDITION RELATED CONDITION CAUSING PERATION	ARMED FOO or dates of cruz LEADIN (A) DUE NY, (B) USE USE CCONTRIBU TO THE G DEATH. 19b. MA.	RCES? service) 16. 22 NG TO DEATH TO TO TING JOR FINDINGS O PLACE (Home, INJURY street, off	18-20-6 18. MEE 18. MEE OF OPERATION ferm, fectory fice bidg., etc. INJURY OCCUR Not	6025 DICAL CR	He ERTIFICAT L	7. INFORMAL rbert FION	L. L.	DRESS awson,	04	Cr:	Lefie on:	Ld, Md. RYAL BETWEEN SET AND DEATH D. AUTOPSY? NO

MARYLAND STATE DEPARTMENT OF BEALTH-BALTHANDER: 10

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DATE REC'D BY LOCAL

REGISTRAR

(DRY)

USA

COUNTY Somerset

(Year)

12. CITIZEN OF WHAT

COUNTRY?

19 56

Interval Between

Onset And Death

20. AUTOPSY ?

Yes No D

(STATE)

REGISTRAR'S SIGNATURE

ASE 国

Crisfieldk Md. ADDRESS

24. FUNERAL DIRECTOR

Bradshaw & Sons-Crisfield, Md.

BUREAU V. S.

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BECEINED

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CERTIFICATE OF DEATH

4. 3.0	FOR MEDICAL	EXAMINERS		Reg. Dist. No	360	••••
I. PLACE OF DEATH- COUNTY Somerset CITY (If outside corporate limits, write RUR. OR give nearest town) TOWN Manokin HOSPITAL OR INSTITUTION OR	MARYLAND AL and LENGTH OF STAY (in this place)	2. USUAL RESIDENCE (FOR TOWN MANCESTEET	ate fimite, write	Somerset		
INSTITUTION OR STREET ADDRESS		ADDRESS				
3. NAME OF DECEASED (First) (Type or Print) 5. SEX 6. COLOR OR RACE	(Middle) J. Le	(Last)	4. DATE OF DEATH	(Month) Jan. rthday If under	I I	9 5
male white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (SpMSTT1EC	March 27, 189	I 64	yrs. Months	Days Hours	Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1 arming 13. FATHER'S NAME	10b. Kind of Business or Industry Igrmer	Maryland Haryland		y) 12	COUNTRY?	VHAT
Garrett Lease		Blla Leas				
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) NO	? 16. SOCIAL SECURITY No. 219-05-3054	Mrs Ethal I		Manokin,	Md.	
I. DISEASES OR CONDITIONS DIRECTLY Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	LEADING TO DEATH Lhock and ell into a c	szpozure lup olileh	ريمس	chu	INTERVAL BET ONSET AND D	
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat 						
19a. DATE OF OPERATION 19b. MAJOR F	FINDINGS OF OPERATION				Yes N	r 7 o □
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR T	rown)	(COUNTY)	(STATE)	
TIME (Month) (Day) (Year) (Hour) OF NJURY & 1 - 1955 7 m.	INJURY OCCURRED While at Not while work at work	Fill rule a	cur?	a root	& detel	٥
22. I certify that I took charge of the rema obtained by said Autopsy, Inspection of from: natural causes ☐, accident ☐ SIGNATURE 23. BURIAL, CREMATION DATE THEREO.	January, find that said dece , suicide _, homicide _, (Degree or title)	ased died on the dry state undetermined ADDRESS	d above, and	thereon and death in my face.	DATE SIGN	ted IED
DATE REC'D BY LOCAL REGISTRAR'S	Quinton C	emeteral DIRECTO	Coston			
REG. 13/56 K. X. Vo	haran m. W.	Lein	K. 2	Vilso	~	

Princess Anne, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct ag

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BUREAU V. S.

. The Artestant Committee of the Committ

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BECEINED

72 hours after death. After this director, the third copy of this TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar willing certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit. HOSPITAL: The law requires that the death certificate be by the hospital or attending physician. The bottom copy may be retained TO ATTENDING PHYSICIAN

30

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01023

Reg. Dist. No. 265

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Somerset	MARYLAND	STATEMaryland	COUNTY Some	rset
CITY (If outside corporele limits, write RURAL	LENGTH OF STAY	CITY (If outside corpore	ta limits, write RURAL and give na	
OR and give nearest town) TOWN Crisfield	lifetime	TOWN Crist		20
HOSPITAL OR	1 222 0021110	STREET	(If rural give location	27
INSTITUTION OR	ad A	ADDRESS		
			aryland Ave.	
3. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Year)
(Type or Print) LILLIAN	IRENE	LEWIS	DEATH Januar	y 5 19 56
5. SEX 6. COLOR OR 7. SINGLE,	MARRIED, 8. DATE C	F BIRTH 9.	AGE lest birthday IF UNDE	R 1 YEAR IF UNDER 24 HRS
Female White Specify]	o, divokced, larried Februa	ary 2, 1903	52 yrs. Months	Deys Hours Min.
10a USUAL OCCUPATION (Give bind of work 100	. KIND OF BUSINESS	11. BIRTHPLACE (State or foralge		2. CITIZEN OF WHAT
done during most of working life, even if	OR INDUSTRY			COUNTRY?
retired nning inspector Tor	nato Cannery	Crisfield, Ma		USA.
10. PATTER O TYPINE		14. MOTHER'S MAIDEN NA	ME	
Irving Ada	ams	Emily	Somers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS 130 Mary	land Ave.
(Yes, no, or unk.) (If Yes, give wer or detas of service)	212-16-1371	William E. 1	Lewis- Crisfie	ld Nd
110	18. MEDICAL CER		30,120 0110110	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	HTA			ONSET AND DEATH
IMMEDIATE CAUSE (A)			0	
ANTECEDENT CAUSE(S) DUE TO	10	. Do.	1	
DISEASES OR CONDITIONS, IF ANY, (B)	JOHNAN	Lacen	sion	My.
GIVING RISE TO THE ABOVE CAUSE DUE TO	0 -	000		As JES
(C)	Urlerio	Delaros	W	The Williams.
TO THE DEATH BUT NOT RELATED TO THE			Tills	
DISEASE OR CONDITION CAUSING DEATH.			(b) 7	1 1967
198. DATE OF OPERATION 198. MAJOR FIND	INGS OF OPERATION		H. 010.	20. AUTOPSW
OL ACCIDENT WAS INDEPENDED TO LOST DIAGE.			To alle to	YES NO
218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, ferm, fectory, treet, office bldg., etc.)	te. WHERE DID INJURY OCCUR?	(City or fown)	inty) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	S. C. C. Mr.	
i M.	While Not while et work	110 11 515 1110111 00001	4	
Δ Δ		,	- 01-9	
22. I hereby certify that I attended the	deceased from), 19/ 10	19 LO that	last saw the deceased
	and that death occurred a		uses and on the date stat	ed above.
SIGNATURE	4	ADDRI	ESS (Street, city, town, stata)	DATE SIGNED
1 Tollowoo	With M.D.	aristico	& ma	pri 6-195
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or count	y) (State)
Burial Jan. 7, 19	956 Crisfield C	emeterr	Crisfield. Nd.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNA	TURE	25. FUNERAL DIRECTOR'S SI		ADDRESS
DATE /9/56 Barta	1.060	Bradshaw & Son	ne_Griefield	Ma
DATE 17/36 Harta	a sillagora	Diadonaw & DO	19-oliterata'	u o

MARYLAND STATE DEPARTMENT OF MALTH-SALTIMORE, IS

CERTIFICATE OF DEATH

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BUREAU V. S.



Reg. Dist. No. 265 CERTIFICATE OF DEATH PLACE OF 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Somerset. Maryland Somerset COUNTY MARYLAND CITY(If outside corporate limits, write RURAL and give nearest town) (If outside corporate limits, write RURAL) LENGTH OF STAY and give nearest town) (in this place) OR Crisfield Crisfield TOWN TOWN (If rurai give location) STREET HOSPITAL OR INSTITUTION OR ADDRESS McCready Hospital 314 Main St. STREET ADDRESS (Middie) (Last) (Day) NAME OF (First) 4. DATE (Month) (Year) DECEASED: AUSTIN JAMES LOREMAN, SR. 20 January (Type or Print) DEATH: 8. DATE OF BIRTH: COLOR OR SINGLE, MARRIED 9. AGE last birthday IF UNDER WIDOWED, DIVORCED, (Specify) Widowed RACE: March 9, 1882 Male White OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life, Gas & Oil Distributor USA UNTRY? even if retired) Manager Crisfield, Maryland 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: James F. Loreman Elestine Eliza Tawes 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: 314 Main St. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. or unk.) (If Yes. give war or dates Austin J. Loreman, Jr .- Crisfield, Md. 216-05-3764 of service) 18. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Moranary Urambasis IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUF TO STATING UNDERLYING CAUSE LAST (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION AUTOPSY1 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not while OF "INJURY at work at work 22. I hereby certify that I attended the deceased from Jun 5..., 1956 to 200, 1956, that I last saw the deceased alive on NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION. REMOVAL (SPECIFY)

Sunnyridge Cemetery

24. FUNERAL DIRECTOR

Bradshaw & Sons-Crisfield, Md.

Jan.23,1956

Crisfield, Md.

ADDRESS

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Burial

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MARYLAN	D STATE	DEPARTME	NT OF	HEALTH	I-BALTI	MORE	, 18
EDICAL	EXAM	INER'S	CEI	RTIFIC	CATE	OF	DI
E OF DEATH.				I 2 TISTIAT.	DESIDENCE	/HOMES	OF DE

Reg.16:25
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1. PLACE OF DEATH: COUNTY SOMETSET COUNTY SOMETSET MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) TOWN LOWER Fairmount 18 yrs. TOWN LOWER Fairmount 18 yrs. MOSPITAL OR REPORT TOWN LOWER Fairmount 18 yrs. MOSPITAL OR REPORT TOWN LOWER Fairmount TOWN LOWER Fairmount STREET ADDRESS (If rural, give location) STREE	MEDICAL EXAMINER'S CERT	TRICATE OF DEATH	No. 200
CITY (if outside corporate limits, write RURAL on give nearest town) TOWN LOWER Fairmount ROSPITAL OR INSTITUTION OR STREET ADDRESS 1. MANGE OF DECASED: Type or Print) Talbot C. Mildde) CLast) Ante Of DEATH January 9, 19 56 SEX: Male COURTION (Give kind of work life, work life, work life, work done during most of work life, work done during most of work life, work life, work done during most of work life, work	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
OR and give messest town) TOWN LOWER FAIRMOUNT 18 YTS. ORNN LOWER FAIRMOUNT STREET ADDRESS (H rural, give location) Street Str	COUNTY Somerset MARYLAND	STATE Maryland COUNTY Somers	set
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural, give location) ADDRESS	OR and give nearest town) (in this place)	OR	give nearest town)
DECASED: (Type or Print)	HOSPITAL OR INSTITUTION OR		/
S. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday: Driver 1 very Date	DECEASED:	OF (MICHAEL)	
10a. USUAL OCCUPATION (give kind of work done during most of work life, work of	RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: IF UNDER I Y	
14. MOTHER'S NAME: 14. MOTHER'S MAIDEN NAME: Harriett Cottman	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS; 18. MEDICAL CERTIFICATION 18. MEDICAL			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (b) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 21e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 21f. TIME (Month) (Day) (Year) (Hour) 21c. INJURY 22l. I hereby certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry And find that death resulted from: Natural causes Accident Succide Homicide Undetermined cause DATE SIGNED		Harriett Cottman	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a)	(1es, no, or unk.) (11 ies, give war or dates of		, Md.
Immediate cause (a)		CERTIFICATION	Thirmbual Retween
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. I9a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20c. AUTOPSY? Yes \ \text{No.} 21a. EXTERNAL CAUSE WAS PRIMARY \ \text{or CONTRIBUTING} \ \text{OF Street, office bidg., etc.,} CAUSE OF DEATH. 17c. Time (Month) (Day) (Year) (Hour) 21d. How DID INJURY OCCUR? CHIEF MEDICAL EXAMINER DATE SIGNED DATE SIGNED DATE SIGNED		y heart disease	
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., etc., INJURY 21a. EXTERNAL CAUSE WAS OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY) 21c. (City or town) (County) (State) CAUSE OF DEATH. 21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Work at work at work at work of Injury 22. I hereby certify that I took charge of the remains described above, held an Autopsy Inspection Injury and find that death resulted from: Natural causes Accident Injury Medical Examiner Deputy Medical Examiner Date signed CHIEF MEDICAL EXAMINER DATE SIGNED	DUE TO		
Stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. I9a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED While at work Mole at work Mole at work Mole at work Signature of the remains described above, held an Autopsy Inspection Induiry and find that death resulted from: Natural causes Accident Accident Signature Deputy Medical EXAMINER DATE SIGNED DATE SIGNED DATE SIGNED DEPUTY MEDICAL EXAMINER DATE SIGNED DATE SIGNED DATE SIGNED DEPUTY MEDICAL EXAMINER DATE SIGNED DATE SIGNED DATE SIGNED DATE SIGNED DATE SIGNED DATE	Diseases or conditions, if any. (b)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 192. DATE OF OPERATION: 193. MAJOR FINDING OF OPERATION: 212. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bidg., etc., INJURY 214. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCURRED While at work Mile at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and find that death resulted from: Natural causes Accident SIGNATURE DEPUTY MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER DATE SIGNED			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., INJURY 21a. EXTERNAL CAUSE WAS OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY OF STREET, OFFICE STREET, O	(8)		
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEPTH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work Dearth. 22d. I hereby certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and find that death resulted from: Natural causes Defenting the control of	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
PRIMARY Or CONTRIBUTING Define bldg., etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work Defined that death resulted from: Natural causes Defined above, held an Autopsy Inspection Inquiry and CHIEF MEDICAL EXAMINER DEFUTY MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER	Q		Yes No
OF INJURY M. While at work at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . SIGNATURE DEPUTY MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER	PRIMARY or CONTRIBUTING OF street, office bldg., etc., INJURY		(State)
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	OF While at Not while	21f. HOW DID INJURY OCCUR?	
SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DATE SIGNED			
DEPUTY MEDICAL EXAMINER			
	Robolium M.D.	DEPUTY MEDICAL EXAMINER	Jour 11-56
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)	DEMOVAL (Specify)	OR CREMATORY LOCATION (City, town, or co	inty) (State)
Burial 1/15/56 Al John Wesley Westover, Ma. Somerset Co.	Burial 1/15/56 I John Wesley		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Expely Hurard Marion	sta ma

DECEDVED V. S. WILLIAM V. S.

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MARYLAND	STATE DEPARTMEN	NT OF HEALTH	H—BALTIMORE,	18 01026
1048	CERTIFICATI	E OF DEA	TH Re	eg. Dist. No. 365
I. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED:
0		COLUMN TAX PORT OF THE		
COUNTY Somerset	MARYLAND	STATE Mary	and	COUNTY Somerset
CITY (If outside corporate limits, write OR and give nearest town)	(in this place)	UR	corporate limits, write i	to Rita Rita Site Attack
X TOWN Crisf:	ield 9 days		risfield	39
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give	e location)
	ady Hospital		all Highway	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED:			OF DEATH: Janu	
(Type or Print) WILLIAM 5. SEX: 6. COLOR OR 7. SING		GGIN. SR.		UNDER I YEAR IF UNDER 24 HRS.
RACE: WID	OWED DIVORCED.	Or District		onths Days Hours Min.
Male White (Spe	elfy) married Nov. 2	2, 1893	62	ry): 12. CITIZEN OF WIIA7
10a. USUAL OCCUPATIONGive kind of	10b. KIND OF BUSINESS O	R II. BIRTHPLACE	(State or foreign countr	COUNTRY?
even if retired): Grocer	Wholesale Grocery	Crisfield	. Md.	USA
13. FATHER'S NAME:	111111111111111111111111111111111111111	14. MOTHER'S MAIL	EN NAME:	
John Rigg	in	Nancy Ma	tthewe	
15 WAS DECEASED EVER IN U.S. ARMED FORCES	8? 16. SOCIAL SECURITY No.: 17	. INFORMANT & ADI		chway
(Yes, no, or unk.) (If Yes, give war or dates	of	- Winnis TO		0
No service)			Riggin-Crisfie	Id, Md.
The Alexander State of the Cox	18. MEDICAL CERTIFICAT	ION		Interval Between
I. DISEASES OR CONDITIONS DIRECT	LY LEADING TO DEATH			Onset And Deat
400.1	a Card	Durlanet	on - myocarl	hal Jacker 1 woll
Inititediate cause	(a)E TO)		0
Antecedent causes (s)		2 0 -		3. 4.1.
	(b)		2	
stating the underlying cause last.	E TO	- 1 -	Λ	0
	(c) Cononany	arribe	enois_	1 o ma-
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death bu	t not			2.2
related to the disease or condition causi	ng death.			20. AUTOPSY ?
19a. DATE OF OPERATION: 19b. MAJO	OR FINDINGS OF OPERATION			
			400xxximi	Yes No
21. ACCIDENT (Specify) PL OF IIOMICIDE IN	ACE (Home, farm, factory, stree office bldg., etc.) JURY	t, (CITY OR TOW)	N) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURED	HOW DID INJURY	OCCUR?	
OF INJURY m.	While at Not While Work At Work			
22. I hereby certify that I attended	the deceased from	(a. 1956 to Da	30 1945 , the	at I last saw the deceased
alive on \c. 29., 1956, an				
alive on Signature, 19.5. an	(Degree or title)	ADI	n the causes and on to	DATE SIGNED
la 1 2 PL	2 - 0		0	2/1/56
23. BURIAL, CREMATION, DATE THE	REOF NAME OF CEMETI	ERY OR CREMATORY	LOCATION (City, to	
REMOVAL (Specify)				
Burial Feb.1,19	956 Sunnyridge Sunnyridge	24. FUNERAL DIRE	Crisfield, I	ADDRESS
REGISTRAR 40			ons-Crisfield	Ma
2-1-56 Bout	no Dunang	IDI audilaw of Di	NISOLTSITEIG	e Divis

BUREAU V. S.

FEB 6 1956

DECENTED

ATTENDING PHYSICIAN CHOSPITAL: The law requires that the deeth certificate be The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

within 24 hours after death.

CERTIFICATE OF DEATH

	104	3		CER	TIFIC	AT	E OF	DE	AT	H	Reg. D	01 Dist. No	027	5
1. PLA	CE OF DI	EATH					2. USU/	L RESID	ENCE	HOME) O				
COUN		nerset			MARYL		STATE	Marvla	nd	COUR	NTY Some	erset		
CITY OR TOWN	and give n	corporata limits aarest town)	risfi		LENGTH O (in this p	F STAY laca) 'S	CITY OR TOWN		isfi	eld	AL and giva	nearest town)		39
INSTIT	TAL OR UTION OR ADDRESS	M	cCres	dy Hos	pital		STREET ADDRE	ss 11	5 S.	(If rur 4th S	al give loceti t .	on)		1
DEC	E OF EASED or Print)	(Fire	RGE	E	(Middle)	F	(Last) OUNDS		A	OF DEATH		(Day) ary 13	(Ye	56
5. SEX		COLOR OR RACE	7.	SINGLE, MARI WIDOWED, D (Specify)	RIED, IVORCED, rried	B. DATE	OF BIRTH 4, 187	7	9. A	GE lest birthde		DER 1 YEAR	IF UNDER	R 24 H
dona retired	during most	ION (Give kin of working lif orer	d of work e, evan if	0	nd of Busines R Industry		II. BIRTHPLAC	CE (State or fo				12. CITIZE COUN USA	N OF WH	IAT
13. FATHE	R'S NAME	Unkno	TIPO					HER'S MAIDE					6327	40
(Yes, no. of NO	r unk.) (II	Yes, give wer	or detes o		6. SOCIAL SEC					ss 29 Atl		INTE	N. J	WEEN
33	IMMEDI	ATE CAUSE	(A		Rupiel	try 1	-ailu	~				2	Kou	DEATH
DISEASES GIVING RI STATING	OR CONDI	TIONS, IF AN ABOVE CAL G CAUSE LA	VY. (B)	то	bul	Heme	nhag	٠				60	day	v
TO THE	DEATH BUT	CONDITIONS	CONTRIBI							6				
	OF OPERAT				OF OPERATION							YES	AUTOP	SY?
(IF EITHER,	NOTIFY MED	UNDERLYING CAUSE OF DEA ICAL EXAMINI	ER)	D. PLACE (Hor INJURY street,	ne, farm, fector office bldg., etc	i l	21c. WHERE DID	INJURY OCC	CUR? (C	ity or town)	((County)	(Stete	e)
21d. TIME	OF INJURY	(Month) (D	ay) (Yeer	W		IRRED	21f. HOW DID	INJURY OC	CUR?					
alive	on.	m. 13	I attend , 19	, and	eased from d that death	occurred a	19.56 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	, from the	cause	3 and on the (Street, city	he date st	ated above	w the de	
REMO	L, CREMATION OF COMMERCE IN CO	ON, FY)	Jan.1	6,1956	Lawso	CEMETERY OF	CREMATORY metery	7	10	Crisf:		uniy) Maryla		(Stata)
DATE	30 /S	RAR	REGISTRA	R'S SIGNATUR	861)		L DIRECTOR		TURE Cris		ADDRESS		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED					
county Somerset	MARYLAND	stateMaryland	COUNTY	Somerset		
CITY (If outside corporete limits, write RURAL OR end give nearest town)	LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURAL er			
OR end give nearest town) X TOWN Crisfield	(in this place)	OR TOWN Thu	ell		V	
HOSPITAL OR	1	STREET	(If rurel giv	e location)		
INSTITUTION OR McCready Hospi	ital	ADDRESS Sm	ith Island	o to controlly	/	
3. NAME OF (first) (i	Middle)	(Lest)	4. DATE (Mon	(h) (Dey)	(Yeer)	
(Type or Print) INFANT	SMI	TH	DEATH	January 4	19 56	
5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIVI	D, 8. DATE	OF BIRTH 9	. AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER 24 HRS	
Male White (Specify)Sing	ole Janua	ry 4, 1956	O yrs.	Months Days	Hours Min.	
10e. USUAL OCCUPATION (Give kind of work 10b. KINI	O OF BUSINESS	11. BIRTHPLACE (State or foreig	-	I 12. CITIZE	N OF WHAT	
done during most of working life, even if OR retired) None Nor	INDUSTRY	Crisfield, Ma	har land	COUN	TRY?	
13. FATHER'S NAME	10	I 14. MOTHER'S MAIDEN N	e/	USA		
Harold Smith		Patsy Eva				
	SOCIAL SECURITY NO.	17. INFORMANT & A				
(Yes, no, or unk.) (If Yes, give wer or detes of service)			21110022	7 7 7		
NO NO	None	Clarence Ev	ans-Smith	Island,	Md.	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	essive. We	ights (12.4	159.)			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	earty of ma	the (2291	lea)			
196. DATE OF OPERATION 196. MAJOR FINDINGS (OF OPERATION				AUTOPSY?	
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, ferm, fectory, ffice bldg., etc.)	21c. WHERE DID INJURY OCCUR	? (City or town)	(County)	(Stete)	
		21f. HOW DID INJURY OCCUR	7	2000		
22. I hereby certify that I attended the decease	sed from Jan 4	1956 to ba	2 4 10 5 G	that I last say	v the deces	
alive on 19 56 and	that death occurred a	1.2. Q. M, from the ca	uses and on the d	ate stated above	е.	
a. M. Ban	M.D.	Creshe	es mes	Sa	PATE SIGNED	
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town	, or county)	(State)	
Burial Jan. 6, 1956	Ewell Cemet	arv	Ewell, Mar	reland		
24. REC'D BY REGISTRAR - REGISTRAR'S SIGNATURE	The state of the s	2S. FUNERAL DIRECTOR'S S	IGNATURE	ADDRESS		
DATE 1/9/56 Barbard	V. Eldans	Bradshaw & So	ns-Crisfie	ld, Mid.		
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Barbara S. Celons

y. The	1°51 CERTIFICATE	020.00)			
ully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
carefull legibly.	COUNTY Somerset MARYLAND	STATE Maryland COUNTY Somerset			
and le	CITY (If outside corporate limits, write RURAL (in this place) OR and give nearest town) Crisfield TOWN Crisfield Town	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield			
information carefully clearly and legibly.	HOSPITAL OR INSTITUTION OR McCready Hospital	STREET (If rural give location) ADDRESS Somerset & Chesapeake Aves.			
ath	DECEASED: HARRIETT ANN SOM	DEATH: 19			
ite	Female White Specify: Single Januar	y 25, 1873 9. AGE last birthday 1			
y every causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 10B. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Crisfield, Maryland USA			
Supply te the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Su	Sidney B. Somers	Adelia Sterling			
INK. Su	(Yes, no, or unk.) (If Yes, give war or dates of service) NO NO	Miss Gertrude Somers- Crisfield, Md.			
DING	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 150.0 IMMEDIATE CAUSE ANTECEDENT CAUSE (8)	myocardeil Faulure 2200			
ITH	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. A (B) DUE TO	dessis years.			
~ 65	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING POTO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Flin - Fretur J High			
	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1 YES NO			
est.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (County) (State)			
20	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work	21F. HOW DID INJURY OCCUR?			
EASE TYPE OR		ADDRESS DATE SIGNED D. C.			
LE		emetery Crisfield, Maryland			

Bradshaw & Sons--Crisfield, Md.

- 10 - 53 VS. A15.

REGISTRAR



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VS. A15

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1. PLACE OF DEATH:				st. No. Jus
		2. USUAL RESIDEN	CE (HOME) OF DECEASED:	
COUNTY Somerset	MARYLAND	STATE Maryla	nd cou	JNTySomerset
CITY (If outside corporate limits, writt OR and give nearest town) TOWN Crisf	(in this place)	OR	corporate limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR	ady Hospital	STREET ADDRESS Hoh	(If rural give location nson's Creek Rd.	on)
3. NAME OF (First) DECEASED: (Type or Print) CHARLES	(Middie)	(Last) TERLING	4. DATE (Month) (DOF DEATH: January	ay) (Year) 31 19 56
5. SEX: 6. COLOR OR 7. SING RACE: WID	owed, divorced, April	1, 1884	71 yrs.	Days Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired waterman	10b. KIND OF BUSINESS OF Seafood Industry	Crisfield,	Md.	CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:		14. MOTHER'S MAIDE	N NAME:	
Jerome St	erling	Josephine S	terling	
Jerome St 15 Was Deceased Ever In U.S. Armeo Forces (Yes, no, or unk.) (If Yes, give war or dates of				n's Creek Rd.
No service)	Mr	s. Lydia Nelso	n Sterling- Crisf:	ield, Md.
I. DISEASES OR CONDITIONS DIRECTI	LY LEADING TO DEATH			Onset And Dest
stating the underlying cause isst.	LY LEADING TO DEATH (a) Cerebral The E TO Greterio Construction	rombolis è	hemyslez ia	5 days.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but	c)	rombolis è	hemyslez ia	5 days.
II. OTHER SIGNIFICANT CONDITIONS	not g death.	rombolis è	hemyslez ia	5 clays, years. 20. AUTOPSY? Yes□ No□
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causin 19a. DATE OF OPERATION: 19b. MAJO	not ng death. R FINDINGS OF OPERATION ACE (Home, farm, factory, stree office bldg., etc.)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causir 19a. DATE OF OPERATION: 19b. MAJO 21. ACCIDENT (Specify) PLA SUICIDE OF	not ig death. R FINDINGS OF OPERATION ACE (Home, farm, factory, stree office bldg., etc.) URY INJURY OCCURED While at Not While Work At Work	(CITY OR TOWN)	(COUNTY)	Yes No (STATE)

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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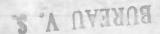
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2 00				
1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY SOMERSE	T	MARYLAND	STATMARYLAND COUNTYSOMERSET	
City (If outside corporate I) OR end give negrest town	mits, write RURAL	LENGTH OF STAY	City (If outside corporate timits, write RURAL end give neerest town) OR	
OR end give neerast town	Crisfield	4 weeks	TOWN Crisfield	
HOSPITAL OR			STREET (If rurel give location)	
	McCready Hosp		ADDRESS 201 Myrtle St.	
DECEASED	(First) NJAMIN	(Middle) TAYLOR	(Lest) 4. DATE (Month) (Day) (Ye OF DEATH Jamuary 16	56
5. SEX 6. COLOR C	R 7. SINGLE, MAR	RIED, 8. DATE		
Male White	WIDOWED, D (Specify) Wi	downed June	12, 1879 76 yrs. Months Doys Hours	Min.
10a, USUAL OCCUPATION (Give	kind of work 10b. K	IND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WH	AT
done during most of working	life, even if	R INDUSTRY	COUNTRY?	n 1
retired) Bridge Te	nder (City	of Crisfield	Accomack County, Virghnia USA	
	m - 1			
	Taylor		Mary Frances Parrott	
15. WAS DECEASED EVER IN U.	S. ARMED FORCES? wer or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 201 Myrtle St.	
(Yes, no, or unk.) (If Yes, give	wel of dates of service)	14-03-5104	J. Willard Taylor Crisfield, Md.	
I DISEASES OR CONDITIONS D		18. MEDICAL CE	RTIFICATION INTERVAL BET ONSET AND I	
2/4 HIMMEDIATE CAUS	E (A)	Caroliac	Failure 6 km	de
ANTECEDENT CAUS	E(S) DUE TO	aplastic	annia 10 mo	
STATING UNDERLYING CAUSE	LAST. DUE TO	1111	. 1 6	
11 OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING	maccum	med cause	-
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT				
19a. DATE OF OPERATION	196. MAJOR FINDING	OF OPERATION	20. AUTOP YES N	SY?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	NG 21b. PLACE (Ho	me, ferm, factory, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State	- Louis
21d. TIME OF INJURY (Month)		a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
	W	hile Not while work	Zan How order	
22 I haraby south at			4, 1955, to Jan 16, 1956, that I last saw the de	
22. I hereby tertify if	ar I arrended the deci	eased from	, 19, 10	cease
alive on SIGNATURE	, 19, an	d that death occurred a	t.3	
JIGHA IORE	12		ADDRESS (Streat, city, lown, steta) DATE S	IGNE
23. BURIAL, CREMATION,	DATE THEREOF	M.D.	respect, nd. 1/17/5	6
REMOVAL (SPECIFY)				Stata)
Burial	Jan.18,1956		Cemetery Marion Station, Md.	
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATUR		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	-
DATE /30/56	Barbara	S. ledune	Bradshaw & Sons-Crisfield, Md.	

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CERTIFICATE OF DEATH

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VS. A15A - 5 - 53

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No.260
PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Somerset MARYLAND STATE Mayland COUNTY Somer	set
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN LENGTH OF STAY OR OR TOWN CITY (If outside corporate limits write RURAL and OR TOWN TOWN	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural, give location)	
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day	y) (Year)
OF CTYPE OF Print) Ernest James Christopher DEATH Law 3	1956
DACE. A WIDOWED DIVOPCED	YEAR IF UNDER 24 HRS. ays Hours Min.
	CUNTRY?
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
James Churtofler Flaveure Waters	
15. Was DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: May Churchlus Ele	med.
18. MEDICAL CERTIFICATION	
	T
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
Inmediate cause (a) Devele Coronary Quelerin	
Immediate cause (a) Quelle Coronay Quelle Coronay Antecedent cause(s)	
Inmediate cause (a) Revel Coronory Quelicin Antecedent cause(s) Diseases or conditions, if any. (b) Churus Myocarality	
Inmediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO atting underlying cause last	
Inmediate cause (a) Coule Coronary Quelicus Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Churrie Myocarolity (c) Appendix on the contributions contributing TO THE DEATH BUT NOT RELATED TO THE	
Inmediate cause (a) Certification Death: (b) Churrie Myocardile Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) Affective Contributing (c) Affective Contributing	
Inmediate cause (a) Coule Coronary Quelicus Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (b) Churcis Myocarolics (c) Appendix Myocarolics (d) Course Myocarolics (e) Appendix Myocarolics (f) To the Significant Conditions Contributing TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	2 year 2 year 2 year 2 year 20. AUTOPSY?
Immediate cause (a) Cerebe Coronary Quelevian Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 21c. (City or town) (County)	2 year. 2 year.
Immediate cause (a) Could Coronary Quelier Country Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING NIJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 22d. I hereby certify that I took charge of the remains described above, held an Autopsy Inspection	ONSET AND DEATH 2 year 2 year 20. AUTOPSY? Yes No (State)
Immediate cause (a) Country Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 19a. DATE OF DEATH. 19a. DATE OF DEATH. 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF OPERATION: 21b. PLACE (Home, farm, factory, office bldg., etc., INJURY CAUSE OF DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21c. (City or town) (County) OF Street, office bldg., etc., off	ONSET AND DEATH 2 year 20. AUTOPSY? Yes \(\) No \(\) (State) 7 Inquiry \(\), and rmined cause \(\).
Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while of Injury OCCUR? OF INJURY 22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetection of the property Medical Examiner M. D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDIC	ONSET AND DEATH 2 year 2 year 20. AUTOPSY? Yes No (State)
Immediate cause (a) OUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., INJURY 21d. TIME (Month) (Day) (Year) (Hour) Very Course Death of the Month of the County of t	ONSET AND DEATH 2 Year 2 year 2 year (State) 2 year Autopsy? Yes No (State) Autopsy? Yes No Outopsy? Yes No Outopsy? Yes No Outopsy? Autopsy? Yes No Outopsy? Autopsy? Autopsy. Autopsy.

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	(colleges with directly	THANK A				O SATUMON OUTSTUDIO OUTSTUDIO OUTSTUDIO
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE DEATH I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CYLOW COUNTY Somers COUNTY COMPLE MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL CITY (If outside corporate limits write RURAL and give nearest town) OR and rive nearest town) TOWN STREET (If rural, give location) HOSPITAL OR ADDRESS INSTITUTION OR STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: OF (Type or Print) 10 M DEATH 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. WIDOWED, DIVORCED, RACE: Months Days Hours nala (Specify): Malley 12. CITIZEN OF WILAT 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country): work done during most of work life, even if retired) INDUSTRY: A COUNTRY? 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No .: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of scrvice) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Kinus Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes | No (State) 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 21f. HOW DID INJURY OCCUR? 2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while OF INJURY work [at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [4], Inquiry [4], and find that death resulted from: Natural causes N. Accident | Suicide | Homicide | Undetermined cause | . CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. DATE SIGNED SIGNATURE when KOLU. 20-06 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION, DATE THEREOF (State) REMOVAL (Specify) : ,em. DATE REC'D BY MICAL REGISTRAR'S SIGNATURE 24. PUNERAL DIRECTOR REG.

DECEDAED

BUREAU V. S.